

Parent Survey Telephone Conversation Record

Child Care Provider's/Center's Name:

Parent 's/Guardian's Name: _____

Relationship to Child: _____

Date/Time/Day: _____

My name is _____. I represent _____. Your child care provider, (name here) _____/center (name of center here) _____ participates in, and receives reimbursement from the Child and Adult Care Food Program (CACFP) for the meals served to your child(ren). In order to ensure the integrity of the program we occasionally conduct surveys with the parents to verify their child's(ren's) attendance in the child care provider's home/center. Participation in this survey will assist us in maintaining the integrity of the CACFP. Following are a few questions to verify your child's(ren's) participation in the CACFP. If you decide not to participate in this survey, benefits to your child(ren) will continue.

Check one

	Yes	No
1. Are you aware that your child care provider/center participates in the U.S. Department of Agriculture Child Nutrition Program?		
2. Did you fill out and sign an enrollment form for your child(ren) to enroll on the CACFP with the child care provider/center noted above?		
3. Do you pay (private pay or DES Child Care Subsidy, with or without co-payment, for your child(ren)'s care at the child care provider/center noted above?		
4. Is/are the child(ren) still in care at the child care provider's home/center noted above?		
5. If yes, how many days in the month of _____ was/were your child(ren) in attendance? _____		
6. If no longer in care, last day in care. _____		
7. Name(s) and age(s) of child(ren) in care. _____ _____		
8. Is/are child(ren) related to child care provider? (Family Day Care Home only)		
9. If yes, what is the relationship? _____		
10. What is the normal school schedule for the child(ren)? _____		
11. Was/were your child(ren) in attendance during the month(s) of : _____?		
12. Were there any days your child(ren) was/were not in care due to illness, vacation, appointments, etc. during the month(s) of : _____?		
13. If yes, describe. _____		
14. ____ Is/are your child(ren) in care on weekends? OR: ____ Was/were your child(ren) in care during weekends for the month(s) of _____?		
15. ____ Is/are your child(ren) in care on holidays? OR: ____ Was/were your child(ren) in care during the holiday(s) of:		

_____?		
16. What hours is/are your child(ren) normally in care?_____		
17. What meal(s) does the child care provider/center usually serve to your child(ren)?_____		
18. Do you provide either food or money for any meals while your child(ren) is/are in child care?		
19. In general, do you feel your child(ren) benefits/benefit from the CACFP?		

Comments:_____

Thank you for your cooperation. If you have any questions please feel free to call_____at_____.

Signature of Interviewer Date